PSYCHOLOGY CASE RECORD

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The Tamil Nadu Dr. MGR Medical University in partial fulfilment of the requirements for the Diploma in Psychological Medicine
Examination 2018

By
DR. LIKHIN SP

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I would like to express my sincere thanks to all the patients and their families who kindly co-operated with me even though they themselves were suffering.

Most of all, I would like to thank The Almighty God for all His blessings.

CERTIFICATE

This is to certify that this Psychological Case Record is a bonafide record of work done by **Dr.Likhin S.P** during the year 2016-2018. I also certify that this record is an independent work done by the candidate under my supervision.

Dr. AnjuKuruvilla
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Mrs.Sushila Russell, M.Phil,
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CASE RECORD 1: Diagnostic Clarification

Name	: Mr. AA
Age	: 22 years
Sex	: Male
Marital status	: Unmarried
Religion	: Muslim
Language	: Tamil,English
Education	: MBA
Occupation	: Student
Socio-economic status	: Upper
Residence	: Urban
Informant	: Mr AK, his mother and brother

Presenting complaints

- Pre-occupation with health 30 days
- Vague fear 30 days

- Restlessness 15 days
- Poor sleep 15 days

History of presenting illness

Mr YB initially presented with fifteen days' history of symptoms characterised by anxiety about his future,worries about his ability to manage business by himself and increased preoccupation. The above symptoms arising following a survey of a textile business in Tirupur.He was reportedly doing well, after the initial assessment, for one month,when he presented with a qualitative behaviour change characterised by preoccupation with health,fearing that he may die,repeated requests to check his blood pressure and pulse,decline in his social interaction with both -his family members as well as his friends. He began to keep to himself and responded only when spoken to. His sleep was disturbed at night and he reported to having difficulty in falling asleep. His appetite decreased and he was needed prompts to eat his meals at usual time. There was associated irritability occasionally. There was no history of any organicity around the time of onset of his illness. There was no history of any psychoactive substance use in a dependence pattern in the past. There was no history of clear first rank symptoms. There was no history of any pervasive mood symptoms in the past.There was no history of any anxiety spectrum symptoms in the past. There was no history of any other specific personality traits or primary sleep problems or sexual dysfunction or obsessive compulsive symptoms in the past.

Treatment history

He was not started on any medications at his index visit. However, following his behaviour change, Olanzapine was started and benzodiazepines were also added for control of agitation.

Family history

He is the third son born to his parents from a non-consanguineous union. His father is 60years old and is a business man. His mother is 50 years old and is a housewife.There is family history of anxiety disorder in his cousin and alcohol dependence in his maternal uncle.

Developmental history

The antenatal period was supervised and uneventful. Birth was full term normal vaginal delivery with no birth asphyxia or neonatal seizure and the postnatal period was uneventful. His developmental milestones were reported to be normal.

Educational history

He completed his MBA from a private college in Chennai. He is reported to be an above average student from his school days. His interaction with his teachers and peers was good.

Occupational history

He is an MBA graduate and currently assisting his brother and family in their textile business.

Sexual development

He had male gender identity and heterosexual orientation.He denied any sexual dysfunction or high risk sexual behaviour.

Marital history

He was unmarried.

Premorbid personality

Premorbidly he is described to have low frustration tolerance,passive aggressive tendencies,low self-esteem and adamant behaviour. He was moderately religious and observed the prayers and rituals regularly.

Physical examination

His vitals were stable and his systemic examinations were within normal limits.

Mental status examination

He was thinly built and nourished. He was well kempt and maintained good eye contact. Rapport was superficial. He was alert and lucid. There were no fluctuations in consciousness. His speech was of relevant with low tone,normal reaction time and productivity. His mood was anxious and fearful withdecreased reactivity of affect.He denied suicidal ideas.His content of thought revealed preoccupation with his health. He denied delusions. There were no perceptual abnormalities. He was oriented to time,place and person.His immediate,recent and remote memory were intact.His attention could be aroused but was difficult to sustain. His intelligence was average. He had partial insight in to his illness. His personal and social judgement were impaired and his test judgement was intact.

Provisional diagnosis

1. Prodrome of psychosis
2. Severe depression with psychotic symptoms

Aim for psychometry

To clarify the diagnosis

Tests administered and Rationale

1. **Sack's Sentence Completion Test:** It is a projective test developed by Dr. Sacks and Dr. Levy. It consists of 60 partially completed sentences, to which the respondent adds endings. The respondent projects the attitudes towards a personal experience of life. It helps to elicit ideas of self-perception.
2. **Thematic Apperception Test:** It is a projective test intended to evaluate a person's patterns of thought, attitudes, observational capacity, and emotional responses to ambiguous test materials. It elicits information about a person's view of the world and his attitudes toward the self and others.
3. **Rorschach Ink Blot Test:** It is a projective test which provides an understanding of structure of the personality, probable psychosis if any, affectional needs and the ego strength. It also indicates degree of psychopathology.

Behavioural observation

Mr. AA was not very cooperative during the assessment. His comprehension was adequate and he was able to understand the instructions easily.At times he was guarded and reluctant to participate in sentence completion and TAT test.There was no performance anxiety observed.

Test findings

Sentence Completion Test

The SCT reveals lack of freedom in the family especially with father,and during his child hood. His attitude towards father was found to be negative. He expresses that he does not have a deep emotional relationship with him and is therefore unable to have a meaningful conversation with him. He also considers that the greatest mistake from him was joining the boarding school. He avoided commenting about girls,marriageand sexual relationships. He feels that his family is very strict,especially father and do not give him the independence that he thinks he deserves.He considers himself and mother as good friends. He feels that most families are good. There is a strong desire for independence and autonomy which he fears he will be given or attain. He feels that he will be able to achieve his full potential only if he is given the freedom and choice to do so.He feels that his father seldom allowed him to make friends. He respects his superiors and finds them to be good people. He considers everyone to be superior to him. He has a very positive attitude towards woman and especially mothers in general and considers them to be good at heart. However,there is frustration that his fearsometimes force him with dying feeling and expresses the wish to have happiness throughout his life. No clear conflicts are seen in his attitude towards heterosexual relationships.

Thematic Apperception Test

The stories were very short and hewas reluctant to elaborate the stories. The dominant needs are a need for autonomy, achievement, harm avoidance. He identifies himself with the hero of the story and stories are a reflection of his life. The stories portray interpersonal issues between the hero and his father with the hero often rebelling against the father,and the father reacting punitively. He perceives his mother as understanding his need for freedom and being protective. However, the nature of the stories show that there is guilt regarding absence of freedom and not having a free relationship with father. He was reluctant to appreciate and elaborate some of the pictures. His main conflicts centre around need for achievement and autonomy versus need harm avoidance. He has a strong need to be appreciated by others which may indicate a low ego strength. The major pressures seen are misunderstandings, lack of warmth in relationships and neglect.

Rorschach Ink Blot Test

The Rorschach protocol shows low productivity and quick and hurried mentation. He tends to have an immediate gratification of needs rather than long range goals. The colour of colour emphasis indicates that it is manifested in somatic symptoms rather than as impulsive behaviour. The protocol indicates a neurotic constriction which is indicative of a tendency to repress his capacity to react and respond to his emotional needs. Low sum C score indicates a reduced reactivity to the environment. The absence of shading responses indicates that the need to have a stable dependent and affective relationship is poorly developed or is being repressed. Lack of colour responses indicates a tendency

to react poorly to stimuli. Content analysis reveals a high percentage of anatomical responses indicative of preoccupation with his body. Low number of popular responses are indicative of poor ties with reality. Sex responses indicate concerns regarding sexual functioning. The low productivity, minimal colour responses, high percentage of anatomical responses, avoidance of shading, and good form perception are indicators of depression while low popular responses indicate a psychotic process. However, there are more indicators of a depression than psychosis.

Summary of test findings

The test results were suggestive of depressive illness.Projective assessment confirmed the presence of personality traits of passive – aggression and poor coping skills.

Management

He was admitted for diagnostic clarification and rationalization of mediations. Clarification of diagnosis through serial mental status examinations, observations in the ward and psychological assessment revealed the presence of referential beliefs and depressive cognitions and hence a diagnosis of severe depressive episode with psychotic features was considered. As he developed akathisia on Tab. Olanzapine, the anti-psychotic was changed to Tab. Quetiapine and Tab. Escitalopram was added. Cognitive and behavioural strategies were

also employed to address his depressive cognitions. His family members were allowed to ventilate, their distress was acknowledged, and were supported and psychoeducated. The need for treatment adherence was stressed. Vocational and marriage plans are also to be discussed later.

CASE RECORD 2: Personality Assessment

Name	: Mr.SR
Age	: 21 years
Gender	: Male
Marital status	: Unmarried
Religion	: Hindu
Language	: Hindi, English
Education	: BE 3rd year
Occupation	: Student
Socio-economic status	: Middle
Residence	: Semi Urban
Informant	: Mr.SR and his parents

Presenting complaints

Adamant behaviour and irittability - Eleven years

History of presenting illness

Mr.SR presented first to mental health centre 11 years back with a history of low mood and feeling distressed.Evaluating the history it was found that he will set fixed targets for his academic activities,and if the targets are not met he will be distressed and some times irritable also.He was evaluated in Child and Adolescent Psychiatry unit where an impression of Adjustment disorder was made.He used to set high academic targets ,used to compare himself with colleagues.He used to become upset when his pre-set targets are not met,or when he was criticized by any of his friends or relatives.He claims to have remained preoccupied in classes secondary to the same.An initial impression of Adjustment disorder was made and treated with low dose of anti-depressant medications.During this time IQ was quantified as per his request and was found to be average.He also received multiple psychotherapy sessions where Cognitive Behaviour Therapy for depressive cognition was employed.How ever he continued to have similar complaints and started to have externalizing behavior in the form of adamant behavior and oppositional behavior towards relatives and parents.He had also history of low mood and irritability when his wishes are not met.He was admitted in 2009,when his diagnosis was changed to Dysthymia.He was treated wih adequate doses of anidepressants along with psycho-therapeutic interventions.Inspite of all these interventions his academic difficulties continued.There was history of spells of severe anxiety before examinations.He used to have progressive difficulty in tolerating frustration and difficulty in persistence with task were reported.He used to express depressive

cognition,negative thoughts and considering himself as a failure when his performance were not satisfactory.There was history of occasional irritability towards parents secondary to this.He reported that he felt his parents were the reason for his inability to perform well and there were frequent episodes of anger out-bursts toward them.Over the past few years he continued to have mal-adaptive behavior and functioning,characterized by frequent changes of academic courses with an expressed intent of having a perfect academic carrer,inability to take responsibility,frequent anger outbursts towards parents,occasional abusive assaultive behavior towards them,disregard for social and family norms and lack of remorse for these behaviours.He also reported of having thoughts of deliberate self harm secondary to his distress,however there were no history of plans or attempts made in the past

. There was no history of organicity or substance use. There was no history suggestive of head injury, loss of consciousness, automatisms, pervasive mood syndrome or obsessive compulsive symptoms or generalized anxiety disorder.

Treatment history

At the time of his index visit to MHC,he was treated in Child Adolescent Psychiatry and was treated with Fluoxetine up to 20mg/day.As he continued to have minimal improvement in his symptoms fluoxetine was increased up to 30mg/day in 2009 combined with psychotherapeutic interventions.

Family history

He was born out of a Non-consanguineous marriage. He was the eldest of two siblings. He has an Elder brother who is 23 years old. There is family history of depression in his father.His mother is a house wife.

Developmental history

The antenatal period was supervised and uneventful. Delivery was full term normal vaginal; with no birth asphyxia or neonatal seizure. Postnatal period was uneventful. The developmental milestones were reported to be normal.

Educational history

He was described as average in academics in school. He has had frequent changes in Courses secondary to his odd experiences and explanations. Currently, he is doing his third year Bachelor's degree Engineering at Tripura.

Sexual development

He did not have any gender identity problems and his sexual orientation was heterosexual. He denied any high risk behaviour.

Marital history

He is unmarried.

Premorbid personality

Premorbidly, he has been described as a person who preferred lesser social interaction, was adamant,and decreased interest in taking responsiblity

Physical examination

His vitals were stable and his systemic examination was within normal limits.

Mental status examination

Mr.SR was moderately built and nourished.He was well-kempt.Rapport was established gradually.He was alert and lucid. There were no fluctuations in consciousness. He could follow simple and complex orders.He was defensive with regard to his symptoms. His posture was erect, with normal level of activity. His goal-directed movements were appropriate, purposeful and smoothly coordinated. There were no non-adaptive movements. His speech was spontaneous, fluent, and audible, with normal reaction time and speed. His comprehension was good.His mood was dysphoric and affect was irritable at times.He denied any suicidal ideas. There were no abnormalities in the form and stream of thought. His thought content revealed concerns over academic failure,depressive cognition and pre-occupation with perfection.His higher mental functions were intact.He had good insight in to his problems.There were no melancholic feautures or evidence of psychosis.

Provisional Diagnosis.

1. Mixed Personality Disorder.
2. Problems in Relationship with family members.

Aim for psychometry

1) To identify and explore significant personality factors influencing the psychopathology

Tests administered and Rationale

1. **Sack's Sentence Completion Test:** It is a projective test developed by Dr Sacks and Dr Levy. It consists of 60 partially completed sentences, to which the respondent adds endings. The respondent projects the attitudes towards a personal experience of life. It helps to elicit ideas of self-perception.

2. **Thematic Apperception Test:** It is a projective test intended to evaluate a person's patterns of thought, attitudes, observational capacity, and emotional responses to ambiguous test materials. It elicits information about a person's view of the world and his attitudes toward the self and others.

3. **Neo Five Factor Inventory Questionnaire:** The NEO-FFI is a 60-item test. It provides a quick, reliable and accurate measure of the five domains of personality and is particularly useful when time is limited and when global information on personality is sufficient.

Behavioural observation

Mr.SR was cooperative during the assessment. His comprehension was adequate and he was able to understand the instructions easily. There was no performance anxiety observed and he did not report of any fatigue.

Test findings

Sentence Completion Test

He feels that His mother doesnot love him much,though he is expecting love and care from his mother.According to him,his mother is impulsive,immature and busy with herself only.He says that when he was a chid his family was happier.He considers the nature of his father as boring,with negative perspect in most of the things and criticising behaviour.Though he describes his father as hardworking, he expects him to be more affectionate. He feels that most mothers are extremely concerned about their children and wishes his mother also to be the same.He admits that he and mother earlier used to have a good bond but as of now it is lacking.He also considers his teachers as worthless,good for nothing and disturbing him.He admits that he doesnot want to take much responsibility

and if people works for him,it will be good.He says that people who work with him are very competitive and he is afraid of failures.He will be happy if his academic profiles becomes excellent and want to become a great phycist.His wish out of his life is to be happy always and successful.He says that his fear forces him to do something he doesnot want to do.There seems to be certain conflicts in his ideas about sexual life. He also considers most women as selfish,cunning,business oriented and status concerned.. He expects friendships to be sincere.In areas of self-concept, his fantasy thinking, along with its religious intonations, was revealed.

Thematic Apperception Test

The stories are very detailed in their description and well-structured. The length and range of his stories were reality oriented. The language of the stories are appropriate. The predominant needs seen in the stories are those for need for achievement, nurturance,and need for recognition by parents.Conflicts between need for harm avoidance,achievement and aggression.The stories have been mostly written from a third person's perspective and the he has not identified himself with the hero of the story.In the stories he portrays the need for a mentor to go on with confidence.If the mentor is not there,he is not sure of success. The stories portray interpersonal issues between the hero and his father with the hero often rebelling against the father,and the father reacting punitively.He also doubts if father continues punitive response,the boy might react violently.In a

majority of the stories, the female characters are portrayed as weak and confused in their decisions and not being able to pursue their goals and desires.He expresses that his plans and desires are prevented from being fulfilled by his parents it will end up in unhappiness for everyone. His preoccupation with philosophy is evident as each of the stories portray a moral and philosophy. The predominant presses seen in the stories include higher power, nature and significant others. The outcomes of the stories vary from being optimistic, pessimistic and ambivalent.

Neo FFI

In the NEO FFI, he scores very high on neuroticism and very low on extroversion,high on openness,average on agreableness and low on conscientiousness. It indicates that he is susceptible to psychological distress with a tendency to experience anger, fear, sadness and guilt.He has a tendency for irrational ideas and deals poorly with stress. He tends to be reserved and dependent. She has a tendency to be disagreeable, egocentric and sceptical of others' intentions. She also tends to be competitive and is less confident.

Summary of test findings

The test results were suggestive of a personality disorder and associated relationship issues with parents.So a diagnosis of Mixed Personality

disorder,Problems in relationship with family members was made and further management of the same was done.

Management

Relaxation techniques like deep breathing exercise were taught to manage anxiety. Anger management & impulse control strategies were discussed. Problem focused coping strategies were also discussed. He was encouraged to maintain thought diary which revealed negative automatic thoughts and multiple cognitive errors like dichotomous "all or none" thinking, selective abstraction, jumping into conclusion etc. for which cognitive behavioural techniques were employed. He could follow cognitive principles, but there was difficulty noted in bringing about behavioural change.

Pharmacologically, rationalization of medication was done. He was already on Sertraline and Bupropion. Both medications were stopped in view of no significant response. Quetiapine 25 mg per day was started to help in reducing agitation in the ward. Later it was also stopped due to excessive sedation.

Over the course of hospital stay he was encouraged to attend occupational therapy & follow the activity schedule which he did partially. With time he was able to engage in sessions better and follow study techniques discussed in OT.

His father was allowed to ventilate, his distress was acknowledged & support was provided. He was psychoeducated about complex nature of problems. His permissive parenting style was evident. It was reflected back as a perpetuating factor for patient's problems. He was gradually involved in therapy. Limit setting & behavioural strategies to reinforce desired behaviour were discussed in detail. His overall understanding about patient's problems remained doubtful.

Patient's interpersonal problems with father remained almost same.

They requested discharge due to work related constraints.

At discharge, patient reported he had better control of anger & impulsivity, and better understanding of his problems. He was willing to follow suggestions mentioned during sessions and in occupational therapy. The need for behavioural change was reiterated and he was encouraged for the same.

CASE RECORD 3: Diagnostic Clarification

Name	: Mr G
Age	: 23years
Gender	: Male
Marital status	: Unmarried
Religion	: Christian
Language	: Tamil, English
Education	: B. Tech
Occupation	: Currently Unemployed
Socio-economic status	: Upper
Residence	: Urban
Informants	: Self and parents

Presenting complaints

According to Mr G

- Decreased interest in talking with parents

According to his parents

- Irritability, abusiveness
- Decline in socialization
- Blames family for every problem
- Inability to adjust with family members

Duration of illness: eight months

History of presenting illness

Mr G reported that his parents, especially his father, were punitive and authoritarian. Since childhood. He reported that his father was critical of him over his academic performance and used to compare his achievements with his brother's performance resulting in a dislike towards him since childhood. He reported to be constantly put under pressure to perform well. However, he did not overtly express his discontentment and frustration towards his father till eight months ago. Since the last eight months, Mr G blames his father for his lack of employment which he attributes to his father taking a decision to place him in a branch of engineering which he did not have significant interest in. Mr G reported that his father expressed that there were better job opportunities and convinced him to join the course. However, after the completion of his course, he had found that there were limited job opportunities and has not been able to secure a job for a year. As his father had been criticizing him for not making an effort to look for a job and for his unemployment, he had become more irritable towards his parents and verbally abusive towards them. He began to get irritable over trivial issues and would shout at his parents. He also began to accuse his parents of showing preference towards his younger brother. He claimed that despite his better performance in the twelfth standard examinations, his parents preferred to put his younger brother in architecture course which he desired to be put in. He began to blame his parents for his unemployment and expressed to them that it was their responsibility to secure a job for him. He also gradually began to avoid socialization with others and would hesitate to go out of his house as he was uncomfortable with people asking him about his employment status. He would refuse to come out of his house when guests

visited their home and also began to avoid spending time at church which he enjoyed so before.

There is no history of any head injury, seizures, high grade fever or any other organicity.

There is no history of any psychoactive substance use in the past.

There is no history of any first rank symptoms.

There is no history of any pervasive mood symptoms in the past.

There is no clear history suggestive of obsessions or compulsions.

There is no history of any other anxiety spectrum symptoms including generalized anxiety, specific phobias or panic disorder.

Treatment history

He has been started on Olanzapine which had been titrated to 10 mg/dayfrom a local psychiatrist. His index visit to MHC was in April 2017 and inpatient treatment was planned for diagnostic clarification and rationalization of medications.

Family history

He was born of a non-consanguineous union. His father is sixty-years-old and works as a Pastor in a Church. His mother is fifty-six years old and is a headmistress in a school. He has a younger brother, who has completed his Bachelor's degree in Architecture.His relationships with his parents and brother are poor. There isno family history suggestive of any neuropsychiatric morbidity.

Birth and Developmental history

The antenatal period was supervised and uneventful. He was born of a full term, normal vaginal delivery, with no postnatal complications. His developmental milestones were within normal limits.

Educational history

He has completed his Bachelor's degree in aeronautical engineering. He was an average student in academics.His interaction with peers was minimal and he had difficulties in maintaining friendships. He also reported to have been made fun of and bullied by his peers while in school.

Occupational history.

He is currently unemployed.

Sexual history

His orientation was heterosexual. He did not have any sexual misconceptions and he denied high risk behaviours.

Marital history

He was unmarried.

Premorbid personality

He was described to be passive aggressive in nature and under assertive. He had poor coping skills and was sensitive to criticism. He was rigid in his thinking pattern and

behaviour. He harboured grudges against people easily and was sceptical of people. He had difficulty in socializing with others and had few friends.

Physical examination

His vital signs were stable. His systemic examination was within normal limits.

Mental status examination

He was moderately built and nourished. He was well-kempt. He maintained eye contact. Rapport was difficult to establish. He was alert and lucid. He was cooperative, attentive and interested during the interview. He was erect and tense, with appropriate, purposeful and smoothly coordinated goal-directed movements. His speech was hesitant, with good comprehension, fluent, low tone, and with normal speed and delayed reaction time. His mood was anxious and his affect was appropriate and congruent with normal range and reactivity. He denied suicidal ideation. There were no abnormalities in the form and stream of thought. His content of thought revealed concerns about his future and his issues with his parents. There were no perceptual abnormalities. He was oriented to time, place and person. His immediate, recent and remote memory was intact. His attention could be aroused and sustained. He had average intelligence. He had intellectual insight into his problems. His social judgement was impaired and his test judgement was intact.

Differential diagnosis

1) Problems in relationship with family members
2) Prodrome of psychosis

Aim for Psychometry

1. To clarify the diagnosis
2. To identify and explore significant personality factors influencing the psychopathology.

Tests administered and Rationale

1. Rorschach Inkblot Test: The Rorschach Inkblot Test provides an understanding of structure of the personality, affectional needs and ego strength. It also indicates degree of psychopathology.

2. Sack's Sentence Completion Test: It is a projective test developed by Dr. Sacks and Dr. Levy. It consists of 60 partially completed sentences, to which the respondent adds endings. The respondent projects the attitudes towards a personal experience of life. It helps to elicit ideas of self-perception.

3. Neo Five Factor Inventory III: The NEO-FFI III is a 60-item test. It provides a quick, reliable and accurate measure of the five domains of personality and is particularly useful when time is limited and when global information on personality is sufficient.

Behavioural observation

Mr. G was cooperative during the assessment. His comprehension was adequate but he took more time to do the tests, than usual, due to his undue attention to the specifics. He had significant performance anxiety and required frequent prompts to complete the tests. He also requested for breaks in between the assessments.

Test findings

Rorschach Inkblot Test

The Rorschach protocol indicates low productivity and delayed mentation. He tends to consider his impulses to be a threat to his ego and therefore overcomes it with repression. Lack of differentiated shading responses indicates an underdeveloped need for affection which may result in significant adjustment difficulties. The protocol indicates a neurotic constriction suggesting that although he is capable of responding adequately to the environment, he tends to inhibit such a response due to his need to repress his emotional reactions. He tends to be inhibited in situations that he tends to perceive as threatening and he tends to be disturbed by emotional impact from the environment. High animal percentage indicates a tendency to perceive the world in a stereotypical manner which could lead to adjustment difficulties. There is an underdeveloped need for affection which can result in a lack of personal involvement in interpersonal interactions. There is insensitivity to shading indicating difficulties in adjustment due to poor need for affection. Although the percentage of popular responses is low, it is secondary to rejection of popular responses as imperfect. Lack of

human responses indicates a tendency towards social isolation, preference to be aloof and difficulties in socialization and interpersonal relationships.

Sack's Sentence Completion Test

His attitude towards his father in general is negative. He feels that his mother is good and is caring.There is a strong need for acceptance from his father, which he feels he has never received. He feels that he has never been accepted by father and that he has never received praise for his perceived achievements. His self concept is low as indicative of his tendency to worry about his problems and considers men over him are good. While he considers his ability to be great, he lacks the confidence to use his perceived abilities during times of stress.He considers that his greatest mistake was obeying his father's words in 12^{th} standard.He fantasises about the future rather than working to achieve reasonable goals. In friendships, he prefers to be understood always by the other person while he remains sceptical. He doesn't like being supervised and admits that he will be happy in giving orders to others. He feels that he would be perfectly happy if he gets a good job like his brother.He admits that if father changes his attitude then only he will be happy with his father.

Neo Five Factor Inventory III

In the NEO-FFI III, he scores were average inneuroticism and extrvaversion, high in agreeableness and conscientiousness. His score in openness is average. This indicates that he tends to experience anxiety, depression, anger and frustration more. His emotions tend to disrupt and interfere with his adaptability and coping and hence make him prone to having irrational ideas. He tends to be less assertive and prefers to be in the background in social situations. His tendency to control his impulses is poor and his general ability to cope with stress is very low. He tends to be less exacting in applying

moral principles in life. He tends to be lackadaisical in working towards his goals. He tends to be cynical and less trusting of others and their intentions. He tends feel that he is superior to others and appears arrogant to others and shows little modesty.

Summary of test finding

The test findings were suggestive of his poor relationship with parents especially father. The tendency to misinterpret information and a constant state of apprehension suggests anxious traits and low self-esteem. The test findings confirm the presence of adjustment issues with father and anxious traits. There were no indications of psychosis or mood syndrome.

Management

Mr. G was admitted for diagnostic clarification. Clinical interviews with him, his parents and psychometric tests revealed problems in relationship with parents. There was no evidence of psychosis, pervasive mood syndrome or obsessive compulsive symptoms. Hence, Olanzapine was reduced to 2.5mg/day. He was psychoeducated about his personality traits and their role in his behaviour. Mr G was allowed to ventilate and his distress was validated. Cognitive and behavioural strategies were employed to address his maladaptive patterns of thinking and behaviour. Cognitive reframing was employed to change his cognitive distortions. Assertive training and problem solving skills were taught to him.

CASE RECORD 4: Intelligence Assessment

Name : Master XAYA

Age : 11years 09months

Gender : Male

Education : Class 7

Informant : Parents

Reliability : Complete, Consistent, Competent

Presenting complaints

- Poor memory for the past one year..
- Poor academic performance

History of presenting complaints

XAYA was brought by his parents with one year history of complaints characterised by repeated complaints from teachers that he is having difficulty in remembering the lessons took in the class.He was securing low marks in exams inspite of giving proper guidance each time after having poor performance in

exams.He was also reported to be inattentive while taking classes by his teachers..His deterioration in scholastic performance was noted for the past two years.Parents thought this might be due to his difficulty in following English,as he was studying in an English medium school.Because of the same he was changed to a government school,out of which also he continous to have Poor scholastic performance. He also had irritability at times when parents were scolding him for his poor academic performances.There was no history of generalised tonic clonic seizures,substance use, psychosis, syndromic mood, anxiety disorder or obsessive compulsive disorder.

Past history

Nil significant.No treatment undergone for the same anywhere.

Birth and development history

Prenatal – Planned pregnancy with nil relevant history.

Perinatal – It was a full term normal vaginal delivery, with a birth weight of 3kg.

Postnatal – He was immunised for age. He was breastfed upto 1 years of age.

The motor and speech developmental milestones were normal.

Emotional development and temperament

He was adamant and sought immediate gratification of demands.

School history

He started attending a play school at 3 years of age. Currently, he is in Class7 but his performance in school became poor when compared to the nursery classes. He is regular to school but has difficulty in concentration and difficulty in remembering lessons.He is also scoring poor marks in school exams secondary to giving proper guidance also by teachers and parents.

Family history

He was born of a consanguineous union. He has a 9year old brother,who is currently in 4thstandard.Father is a farmer and mother is presently working in a government firm on a contract basis.

Physical examination

His vital signs were stable. System examination was within normal limits.

Mental status examination

He was moderately built and nourished. He was moderately kempt. He was alert and lucid. He was calm. His speech was normal. His mood was euthymic. Higher mental functions were grossly intact.

Provisional diagnosis

1) UNSPECIFIED INTELLECTUAL DISABILITY

Aims of psychological testing

For diagnostic clarification and quantification of Intelligence Quotient.

Tests administered and rationale

1. **Binet-Kamat test of General Mental abilities:** To assess intelligence; standardised for the Indian population
2. **Vineland's Social Maturity Scale:** To assess social age and adaptation

Behavioural observations

The child was cooperative for the tests. During the assessment, he was attentive,and calm.His attention could be aroused but could not be sustained. His eye contact was adequate.He could comprehend simple commands and instructions.

Test findings

Binet-Kamat Test of General Mental abilities

The test was administered.He was cooperative though at times inattentive.

Basal age: 5 years

Terminal age: 10 years

Mental age = 7years 2 months

Chronological age = 11 years 9 months

Function-wise classification of items adapted to the Binet-Kamat test of Intelligence:

Language	5 years
Meaningful memory	7 years
Non-meaningful memory	8years
Conceptual thinking	NA
Non-verbal thinking	6 years
Verbal reasoning	NA
Numerical reasoning	9 years
Visuomotor	1 years
Social intelligence	8years

The IQ of MAIA was 61, which indicated mild intellectual disability.

On VSMS, his social adaptive functioning was at 8.28 years level.

Management

In view of his mild impairment in intelligence,his parents were psychoeducated about his condition. The importance of supporting therapy was emphasized and controlling expressed emotions were stressed. Attention enhancement tasks and behavioural strategies were explained and asked to be followed consistently. The concept of regularising daily routine with the help of a pictorial schedule was

discussed. Parents were encouraged to attend the psychotherapy sessions to discuss regarding rehabilitation strategies.

CASE RECORD 5: Neuropsychiatric Assessment

Name	: Mr. A
Age	: 61 years
Sex	: Male
Marital status	: Married
Religion	: Hindu
Language	: English,Bengali
Education	: MBBS
Occupation	: Doctor
Socio-economic status	: Upper
Residence	: Urban
Informant	: Patient,Wife

Presenting complaints

'Forgetfulness'	oneyear
Low self-esteem	two years

History of presenting illness

Mr A currently presented with on year history of forgetfulness leading to mild impairment in his socio occupational functioning. He was reported to have difficulty in recalling the names of distant relatives and having difficulty in managing his clinic. He required prompts to complete his activities of daily living but he was independent in doing them. He was able to go to his clinic by self and see patients without any significant difficulties. However, these deficits were reported more by his spouse that

by Mr A. He also expressed fear that his wife and his mother were trying to harm him at times but was not persistent and did not act on it. He was also reported to express pessimistic views about his future and express fear that his wife would leave him. There was no history suggestive of any confusion, apraxia, agnosia, seizures. There is history of nicotine and benzodiazepine in dependence pattern. There is no history suggestive of any melancholic symptoms, obsessive compulsive symptoms or panic attacks.

Past history

There was one-year history of delusions of persecution, reference and infidelity, auditory hallucinations resulting in socio occupational decline between 2005 and 2006. There was also history of chronic low mood and pessimistic view about life resulting in multiple suicidal attempts of low intentionality and moderate lethality secondary to psychosocial stressors. The last of those attempts was twelve years ago. There was history suggestive of three manic episodes in 1996, 1999 and 2004 and one hypomanic episode five months ago. There was history of alcohol dependence for about twenty years and he is currently abstinent for the past twelve years.

Family history

There is family history suggestive of suicide in his sister,deliberate self-harm attemptin a paternal uncle andsubstance dependence in his father and paternal uncle.

Birth and development history

There was no reliable informant to provide information regarding his birth and developmental history.

Educational history

He has completed his M.B.B.S. Following this, he has also completed Diploma in Public Health and Masters in Community Medicine. He described himself to have been an above average student. He had good relations with his teachers and peers.

Occupational history

He ran his own private clinic in his hometown and was also attached to a Government hospital where he consulted. He was able to manage his clinic well till past one year when he begun to have difficulties due to mild forgetfulness.

Sexual history

He had a heterosexual orientation. He denied high risk behaviour. He reported of erectile dysfunction.

Marital history

He was married to Ms S who was a home maker. She reported of his tendency to quarrel over trivial issues.

Premorbid personality

He was described to be reserved andpreferred to be alone. He had few friends and was happy to do solitary activities. He was anxious and had a tendency to be rigid in his ideals and habits. He was pessimistic in his general attitude.

Physical Examination

His vitals were stable. There was no pallor or lymphadenopathy. His cardiovascular system examination, respiratory system examination and gastrointestinal system examinations were normal.

Bradykinesia and psychomotor retardation was noted

Central nervous system

Cranial nerves – No cranial nerve palsies

Motor system

Bulk - Normal bilaterally

Tone - Normal tone bilaterally

Power - Grade 5 power bilaterally

No involuntary movements

Sensory system

Crude touch, Pain, Temperature - Normal bilaterally

Light touch, Vibration and Joint position sense - Normal bilaterally

Reflexes

Superficial abdominal reflex - Present all four quadrants

Plantar reflex - Flexor bilaterally

Deep tendon reflexes - 2+ bilaterally

Cerebellar functions - No signs of cerebellar dysfunction

Gait - Normal

Meningeal signs - Absent

Skull and spine - Normal

Mental Status Examination

He was tall, moderately built and appropriately kempt. Rapport was difficult to establish. He was cooperative. He was alert and lucid. His speech was mildly slurred with delayed reaction time, decreased productivity and good comprehension. His mood was anxious with restricted range and decreased reactivity of affect. He denied suicidal ideations. There were no abnormalities in the form and stream of thought. His content of thought revealed pessimistic views about life. He denied delusions. He denied perceptual abnormalities. He was oriented to time, place and person. His attention could be aroused but was difficult to sustain. His immediate and remote memory was intact while he had difficulty in recalling recent events suggestive but was able to do so with clues. His intelligence was average and he had insight in to his illness.

Provisional diagnosis

- Cognitive deficits secondary to schizophrenia
- Dementia

Aims for neuropsychological testing

To assess cognitive profile of Mr. A in view of persistent memory deficits interfering with functioning

Tests Administered and Rationale

- **Addenbrooke Cognitive Examination – Revised (ACE-R):** It is a brief neuropsychological assessment of cognitive functions and a development on the Mini mental state examination, which it incorporates. The test is widely used for determining mild cognitive impairment and dementia. The test includes tests for measures of language, memory, visuospatial skills and orientation. The test does not adequately assess apraxia.

- **NIMHANS Neuropsychology Battery:**The battery was developed by Shobini Rao et al. This assesses a subject's performance across various domains of neuropsychological functions. It has been validated to suit the Indian adult population.

Behavioural Observation

He was initially cooperative for the examination. But gradually began to show decreased interest in the assessment. He tended to give up easily and needed prompts to complete the assessment. He was able to comprehend instructions adequately but on occasions required them to be repeated. He was able to communicate appropriately.

Test Findings

Addenbrooke's Cognitive Examination

On the ACE R, he obtained a total score of 88 out of 100. The distribution of his scores across the domains measured are as follows

Attention and Orientation 18 / 18

Memory	26 / 26
Fluency	9 / 14
Language	24 / 26
Visuospatial	11 / 16

This indicates impairment in Verbal Fluency and visuo spatial ability.

NIMHANS Neuropsychological Battery

Attention and Mental Speed

His performance on Digit Symbol substitution test indicated impairment in the area of mental speed. He was unable to complete the Digit Vigilance Test. There was significant amount of omission as well as commission errors despite repeated instructions, suggesting difficulty in sustaining his attention over a prolonged period of time. In the Triads Test, he made 13 errors – all of which were in the tactile stimuli. He was, thus, unable to divide his attention between two stimuli of different sensory modalities.

Executive Functions

His performance on the word fluency test indicated intact lexical fluency. However, in the categorical fluency, he was able to generate only 7 new words suggestive of difficulty in restricting to a particular category.

In the Stroop Test, the time taken to read the words as well as name the colours was significantly high. He has difficulty in naming colours and took 19 minutes to complete

it. His Stroop effect was 718, which is below the 3rd percentile, suggestive of significant impairment in response inhibition.

Verbal Learning and Memory

On the Auditory Verbal Learning Test, his performance was consistently poor. There was minimal learning over trials with the patient recalling more or less the same words across all five trials. His performance on the delayed recall was also below the 5th percentile. He also had difficulty in recognition of the words as he was able to recognise only 8 out of 15 words. His performance on the Passage Recall Test was also suggestive of impairment. His scores across all trials in both AVLT and Passage Recall Test was below the 5th percentile. His performance is indicative of impairment in storage and retrieval.

Visuospatial Ability and Visual Learning and Memory

His performance on all three trials of ROCF – copy, immediate and delayed recall – was below the 5th percentile, suggestive of impairment in visuo constructive ability as well as in visual memory.

Impression

Mr A's performance in the ACE-R and the NIMHANS Neuropsychological Battery shows inconsistency. While his performance on the ACE- R revealed minimal impairment, his performance on almost all subtests of the NIMHANS neuropsychological battery administered was below the 5th percentile. The sudden drop in performance level is inconclusive if it is due to the complexity of the tests or due to a lack of cooperation and fatigue in the patient.

Management

Mr A was admitted for clarification of psychopathology, rationalization of medications and non-pharmacological interventions. MRI brain revealed diffuse age-related cerebral atrophy with no gross abnormalities. Other possible contributory organic factors were ruled out. Pharmacologically, Clozapine was increased to 275mg in view of intermittent expressions of delusions of persecution and reference. Valproate and Clonazepam were gradually tapered. During sessions, no gross cognitive deficits were observed. However, he inconsistently failed to comprehend issues he was reluctant to address. These fluctuations were also observed during neurocognitive assessments with performance showing drastic differences over a period of one week, the interpretation thus being inconclusive. Attempts were made to employ cognitive strategies for his pessimistic outlook and residual symptoms. Behavioural strategies were implemented in view of resistance to the former. Regular activity schedule, sleep hygiene, social skills training, anxiety management, relaxation techniques and lifestyle modification were implemented in a graded manner. Transfer of responsibility was attempted. Vocational rehabilitation was done.

He gradually started responding to the above mentioned strategies. There were no positive symptoms noted. He continued to have fluctuations with regards to his affective and cognitive symptoms.

His wife's distress was acknowledged and she was allowed to ventilate. She was supported and cognitive-behavioural strategies were discussed. Caregiver's burden was addressed**.**